

APR 6 1948

Artist ROBERT E. CLARK (Please print plainly)

Telephone No. EX. 0637 Address 16612 WALDEN RD
SHAKER HTS Zone No. 1

Please Enclose Registration Fee of \$1.00 (Check or Money Order) With Entry Blank

[illegible]

Entry blanks must be filled out and returned to the Museum on or before April 6, those postmarked later than April 6 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 10 to April 17 (except Sunday).

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